

**CHAPTER 13 PLAN
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF MISSISSIPPI**

CASE NO: 10-13352

Debtor Ronald Griffin SS#XXX-XX- 6274 Current Monthly Income \$ 3,480.18

Jt. Debtor Rachel Griffin SS#XXX-XX- 7061 Current Monthly Income \$ 1,381.81

Address 3272 Chateau Circle S.: Southaven. MS 38672 No. of Dependents 0

Telephone No. _____ TAX REFUNDS AND EIC FOR DISTRIBUTION: 0

THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed. All secured / priority debts are provided for in this plan.

PAYMENT AND LENGTH OF PLAN

The plan period shall be for a period of 60 months, not to exceed 60 months. Debtor or Joint Debtor will make payments directly to the Trustee ONLY if self-employed, unemployed or the recipient of government benefits.

- (A) Debtor shall pay \$ 280.50 per (monthly / semi-monthly / weekly / bi-weekly) to the Chapter 13 Trustee. A payroll deduction order will be issued to Debtor's employer @:

Autozone

123 Front St.

Memphis, TN 38101

- (B) Joint Debtor shall pay \$ _____ per (monthly / semi-monthly / weekly / bi-weekly) to the Chapter 13 Trustee. A payroll deduction order will be issued to Debtor's employer @:

PRIORITY CREDITORS. Filed claims that are not disallowed to be paid in full: IRS \$ _____ @\$ _____ /mo

State Tax Commission \$ _____ @\$ _____ /mo Other \$ _____ @\$ _____ /mo

DOMESTIC SUPPORT OBLIGATIONS (POST PETITION) DUE TO: _____

beginning _____ in the amount of \$ _____ per month shall be paid:

_____ direct _____ through payroll deduction _____ through the plan.

PREPETITION DOMESTIC SUPPORT ARREARAGE CLAIMS DUE TO: _____

in the amount of \$ _____ shall be paid \$ _____ per month:

_____ through payroll deduction _____ through the plan.

HOME MORTGAGE (S) – Payments applied pursuant to 11 U.S.C. §524(i) and per Standing Order

MTG PMTS TO: BAC Home Loans BEGINNING 08/10 @\$ 1,890.00 () PLAN (X) DIRECT

MTG PMTS TO: _____ BEGINNING _____ @\$ _____ () PLAN () DIRECT

MTG PMTS TO: _____ BEGINNING _____ @\$ _____ () PLAN () DIRECT

MTG ARREARS TO: _____ THROUGH _____ \$ _____ @\$ _____ /MO

MTG ARREARS TO: _____ THROUGH _____ \$ _____ @\$ _____ /MO

Debtor's Initials RG

Joint Debtor's Initials RRG

CHAPTER 13 PLAN, PAGE 1 OF 2

SECURED CLAIMS. Creditors that have filed claims that are not disallowed are to retain lien(s) under 11 U.S.C. 1325(a)(5)(B)(i) until plan is completed and be paid as secured claimant(s) the sum set out in column "Total Amt. to be Paid" or pursuant to Order of the Court. That portion of the claim not paid as secured shall be paid as an unsecured claim.

Creditor's Name	Collateral	Approx. Amt. Owed	Value	*Int. Rate	Total Amt. To Be Paid	Monthly Payment
AmeriCredit	06 Chevy Impala	\$11,145.96	\$11,525.00	7.0 %	\$13,242.20	\$220.70
GMAC	04 Ford F-150	\$7,364.40	\$5,300.00	7.0 %	\$8,746.44	\$145.82
				%		
				%		
				%		
				%		

***PAY CONTRACT RATE OR NO MORE THAN 7%.**

SPECIAL CLAIMANTS. (Co-signed debts, collateral for abandonment, etc.) ON ABANDONED COLLATERAL, DEBTOR TO PAY ZERO ON SECURED PORTION OF DEBT. Where proposal is for payment, creditor must file a proof of claim to receive proposed payment.

Creditor's Name	Collateral or Type of Debt	Approx. Amt. Owed	Proposal to Be Paid
Guitar Center	Electric Guitar and Amp	\$957.02	Grandson Pay Outside Plan

SPECIAL PROVISIONS for all payments to be paid through the plan, including, but not limited to, adequate protection payments:

UNSECURED DEBTS totaling approximately **\$34,834.32** are to be paid IN FULL ***** PERCENT MINIMUM **Only to Creditors** that file **TIMELY** claims, that are not disallowed, in deferred payments.

***Pay a total of** **\$8,708.58** **or** **\$145.14** **per month to unsecured claims which equals approximately** **25** **% to timely filed, allowed claims**

Total Attorney Fees Charged \$ **2,800.00**

Pay administrative costs and debtor's attorney fees pursuant to Court Order and/or local rules.

Attorney Fees Previously Paid \$ **2.00**

Attorney fees to be paid through the plan \$ **2,798.00**

Name/Address/Phone # of Vehicle Insurance Co./Agent

Attorney for Debtor (Name/Address/Phone #/Email)

MITCHELL, CUNNINGHAM & FAVA

WILLIAM L. FAVA

P.O. BOX 783

SOUTHAVEN, MS 38671

Telephone 662-536-1116

Telephone/Fax

DATE: **July 12, 2010**

DEBTOR'S SIGNATURE

JOINT DEBTOR'S SIGNATURE

ATTORNEY SIGNATURE